

## GEORGIA LOTTERY FUNDED PRE-K REFERRAL FOR BEFORE/AFTER SCHOOL/EXTENDED DAY

Effective Program Year \_\_\_\_\_ to \_\_\_\_

CAPS Childcare and Parent Services	Child's	l's First Day of School (Pre-K)		
Name of Pre-K School/LocationSite Address	County			
List the name(s) and Social Security Number(s) of each	n parent or responsible ac	lult living in the househouse	old:	
1. 2.	CCNIII			
Parent/Responsible Adult's Address				
Responsible Adult's Day Time Phone # ()				
Name and SS# of child(ren) enrolled in Pre-K				
Is either responsible adult's name on DFCS' child care	waiting list?  Yes	No If yes, give name		
Is either parent/responsible adult working? ☐Yes ☐	No If yes, give name(s)			
Days and hours at work: (Day EXAMPLE: (Monday - Friday)	ys) (10 a.m 6 p.m.)	Hours) Total Hours (pe	er week)(40 hours)	
Income before deductions for responsible adult(s): \$		ery Two Weeks 🗖 Twic	ce a Month Monthl	
Is the parent/responsible adult in school? □Yes □N	To If yes, give name(s)			
(SEE EXAMPLE ABOVE) Days and hours at school _	(Days) _	(Hours) Total Hours (week)		
Is either parent/responsible adult in training? □Yes □	☐No If yes, give name			
(SEE EXAMPLE ABOVE) Days and hours at training	(Days)	(Hours) To	tal Hours( week)	
Does either responsible adult receive any of the following Cash Assistance (TANF)	ing? (Check all that app  ☐ Medicaid	ly):  Food Stamps	☐ None	
Who do you want to provide before/after school care?		(ONE PROV	IDER ONLY)	
nature of Parent/Responsible Adult  Date		Area Code Telephone Number		
Signature of Pre-K Provider Representative	Date	Area Code Telephone Number		
NOTE: THIS REFERRAL MUST BE MAILED (POST THE COUNTY WHERE THE FAMILY LIVI DAY OF SCHOOL OR AS SOON AS ENROR SCHOOL DAYS) OF THE PREKINDERGAL	ES WITHIN FIVE (5) CA LLMENT IS KNOWN.	ALENDAR DAYS OF T	HE CHILD'S FIRST	